



## BUREAU OF NARCOTICS & DANGEROUS DRUGS

Statistical Category	2007 STATS	2008 STATS	CHANGE
Registrations Issued	9,766	10,303	537 increase
Address Changes	2,135	2,121	14 decrease
Website Hits	109,761	188,142	78,381 increase
Fees Collected	\$865,958	\$736,456	\$129,502 decrease
Central office telephone calls	22,053	19,347	2,706 decrease
Inspections	280	475	195 increase
Audits	0	9	9 increase
Investigations Closed	190	204	14 increase
Invest. Prep/Follow up	3,100	2,910	190 decrease
Educational Presentations	12	16	4 increase
Disciplinary Conferences	37	46	9 increase
Letters of Warning	23	23	NO CHANGE
Letters of Censure	51	83	35 increase
Registration Censures	442	451	9 increase
Probations	23	23	NO CHANGE
Suspensions	0	0	NO CHANGE
Denials	0	1	1 increase
Revocations	0	0	NO CHANGE
Total disciplinary actions	539	581	42 increase
Referrals to other agency	636	711	75 increase
Loss/Theft Reports Rec'd	518	606	88 increase
Meetings Attended	62	112	50 increase

### ANNUAL STATS

The Bureau of Narcotics and Dangerous Drugs has released its annual statistics.

The bureau emphasized the prevention of violations through education. The bureau issued several new educational guidelines on its website and the website had a 71% increase in hits to the website this past year. The bureau had an increase in educational presentations by holding special classes in the fall and increasing the number of presentations within various medical schools.



### HOW TO SPEED UP YOUR REGISTRATION PROCESS

Blank applications are mailed to each registrant's last known practice location or mailing address, 60 days before their expiration date. Although the bureau is not required by law to send out notifications or blank applications, the bureau does this as a courtesy reminder. Applications must be complete and accurate and bear the original ink signature of the applicant. The bureau does not have an online application process at this time. Applications and fees are to be mailed to the Fee Receipt Unit address provided on the application. The department receives thousands of pieces of mail each day. Applications and fees are forwarded to the Fee Receipt Unit. The Fee Receipt Unit sends the applications to our bureau. Our bureau receives bundles of applications several times a week. From the time an application arrives in our mailroom, it may take several days before it arrives within our bureau. Our staff reviews the applications for completion and accuracy. Information such as practice locations, licensure and discipline history are verified. The bureau prints new certificates and mails them to the registrants. The bureau's registry of individual practitioners may be viewed online at the bureau's website [www.dhss.mo.gov/BNDD](http://www.dhss.mo.gov/BNDD). If the application is complete and correct, the bureau can usually issue a new certificate within several days of receiving the application.

Applications that are incomplete or incorrect are held pending so that letters can be sent to the applicants to address the issues. Once the information is corrected the certificates can be issued. The bureau usually receives "end-of-the month" panic calls when a practitioner learns they are expiring and need a new registration in one day. An applicant can drive their application and fee to Jefferson City but then it must still go through the same process as all other applications. The bureau is not authorized by law to grant an exemption, a continuance or allow a practitioner to conduct controlled substance activities without a registration.

The bureau requests that registrants pay due diligence to their expiration dates and applications and to double-check them for completeness, accuracy and the correct fees.

## **HOW DOES THE BNDD HANDLE IMPAIRED PRACTITIONERS?**

One of the most important functions of the bureau is dealing with practitioners who are abusing controlled substances and practicing while in an impaired condition. This is treated as a very serious threat to the public's health and safety. When a practitioner is found to be violating laws and abusing controlled substances, there are several agencies that may pursue an action. The state licensing board can pursue an action as well as this bureau, the DEA and also law enforcement.

The bureau wants practitioners to be practicing healthy medicine. It is in everyone's best interest to know that Missouri practitioners are providing their best services to the public. Since the bureau was established in 1970, all impaired practitioners have consistently been treated the same and undergone the same process. The bureau provides a chronological description below of what the typical impaired practitioner goes through with the bureau.

1. The bureau verifies and can prove the practitioner has been abusing controlled substances. The majority of time this is because the practitioner was discovered in the act and made admissions.
2. A bureau investigator visits the practitioner and discusses Section 195.040.2, RSMo. This statute says that the bureau cannot register a person who is abusing controlled substances. Based upon this statute, the registration would be revoked. Practitioners do not want a severe disciplinary action on their records such as a revocation. Practitioners normally choose to voluntarily close their BNDD registrations. This is treated as a voluntary closure and it is not considered a revocation, or a surrender and it is not considered a disciplinary act. The bureau closes registrations every day for various reasons such as retirement or moving out of state. The bureau allows a practitioner to close their registration. This gets them out of the controlled drug business. They are not revoked and they can focus on their own healing and treatment.
3. With their registration closed, the bureau does not have authority over the practitioner. The practitioner goes to a health treatment program where they undergo an evaluation and receive treatment. When the physicians in the drug abuse treatment program feel that the impaired practitioner is fit to return to normal practice, the treatment programs can provide a "fit-to-practice" letter. Depending upon the seriousness of the addiction and other issues identified in treatment, the treatment program may have patients stay in an inpatient facility or allow them to attend an out-patient facility. Some patients are treated for several months and some have stayed for more than a year. Each individual patient is different.
4. At some point the impaired practitioner will want to return to the bureau and apply to get their controlled substances registration back. The bureau asks for the following information with their new application:
  - A completed and accurate application;
  - Documentation that their professional state license is intact and not undergoing discipline;
  - Treatment records to show they have successfully attended and completed treatment;
  - Their aftercare plan and what continued care they will be receiving;
  - Documentation that they can show the past 12 months of successful drug tests and screens.
5. The bureau will prepare an investigative report based upon what the practitioner's previous violations and actions were. The practitioner receives a copy of the bureau's full investigation. The bureau will invite such practitioners to an informal conference to discuss their pending applications. Practitioners may bring their legal counsel, healthcare providers or others of their choosing to support them.
6. After the conference is held and the bureau has received information from the applicant, the bureau will choose to either deny the application or issue a new registration under terms of probation. Terms of probation for impairment are five years long. The terms of probation include practicing with other associates and not alone; participation in an on-going treatment program; on-going random drug screens; special record keeping provisions so the bureau can monitor prescriptions; the practitioner may not purchase, stock and dispense controlled substances; and the practitioner must obey all state and federal controlled drug laws.

The bureau is not a law enforcement agency and the bureau cannot make arrests or issue fines or monetary penalties. Almost all impaired practitioners undergo the processes described above if they are first time offenders. Repeat offenders face much more difficulty in obtaining new registrations.

The bureau does not have statutes or regulations that allow for the bureau to take a confidential action "in-lieu-of-discipline." In the bureau's 39 year history, all practitioners who were found to be violating drug laws by diverting controlled drugs were publicly disciplined 100% of the time.

## **WHAT ARE YOUR REQUIREMENTS IF YOU KNOW YOUR CO-WORKER IS IMPAIRED?**

Both state and federal regulations require registrants to provide effective controls and procedures to detect and prevent the diversion of controlled substances. If you have knowledge that a co-worker is abusing controlled substances then you have a moral, ethical, and professional responsibility to not only protect patients but to also uphold the standards of your profession.

If you are not an independent practitioner and you are employed by another registrant such as another doctor or hospital, clinic, surgery center or other DEA registrant, you are required by federal regulation to make a mandatory report of the co-worker violating the controlled substance laws.

- If you have knowledge of drug diversion, abuse, impairment or violations of laws, you are required to make a report to the proper authorities, such as the administration/employer, the BNDD, or the DEA;
- The employer is required to hold your name in a confidential manner. The employer is to conduct their own internal investigation;
- Since the reporting of co-workers is mandatory, no employer may take a negative action against an employee for making this mandatory report;
- If you have knowledge of diversion and impairment and you do not report it, then later when the situation is revealed, both the impaired practitioner and the non-reporting co-worker can face the same discipline. The employer has to respond to the authorities as to why the non-reporting co-worker should be allowed to conduct activities with controlled substances in their business.
- Employers are required to make this regulation known to its employees and make the employees aware that mandatory reports must be made and what protections they are given under the regulations.
- When registrants are required to make reports and confidential records available to the bureau, the reporting registrant is granted civil immunity for providing the confidential records.

## **DO NOT PRESCRIBE NARCOTICS FOR DETOX**

When treating a patient for addiction to narcotics, a physician is not authorized to prescribe additional narcotics for detoxification and maintenance. Patients seeking treatment from narcotic addiction must be treated by Narcotic Treatment Programs. (NTP) These are specially licensed providers who are registered with the BNDD and DEA. They are authorized to administer methadone to the patient but they cannot issue prescriptions.

When a patient presents in a physician's office for treatment for withdrawal symptoms, the physician is authorized to administer only for a period of three days while the patient is being placed in a NTP. The physician should administer the drug and watch the patient ingest the medication. A prescription may not be written.

If the patient is admitted to a hospital for other medical reasons, the hospital is allowed to treat the "whole person" and address all of their medical needs while they are an inpatient. If the patient is a resident in a licensed long-term care facility, the facility should contact the bureau to insure that all requirements are being met by the treating physician who must be certified, and to review the facility's interaction with a licensed opioid treatment program.

## **WRITE QUANTITIES IN LONGHAND WHEN PRESCRIBING:**

Practitioners are requested to prevent prescription fraud by writing out the quantities of doses to be dispensed in longhand. It is suggested that practitioners not only write an Arabic numeral such as "10," but they also write out the word (ten). As you can see in the example provided below, a drug-seeking patient may alter the Arabic number 10 so that it becomes a 40, a 70, or a 100.

40

70

100

